



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

RANCHO PHYSICAL THERAPY
P O BOX 870
MURIETA CA 92564

Carrier's Austin Representative Box

#54

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Date Received

AUGUST 19, 2010

MFDR Tracking Number

M4-10-5226-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This dispute is in regard to the above injured worker; we have billed Texas Mutual Insurance as a service for this injured worker physical therapy bills. However, on June 04, 2007 we billed date of service 05/30/2007, on June 14, 2007 we billed dates of service 5/31-06/07/2007, on June 15, 2007 we billed 06/06-06/13-2007 and on July 09, 2007 we billed 06/14-06/21/2007. Per the Law Work Comp Law of California it often times takes up to 60 days for processing work comp bills. On January 10, 2008 after a follow up call to Texas mutual it was brought to our attention that our bills were going to incorrect address. We re-billed claims to the correct address and as of 4/14/2008 bills were still not on file per Texas Mutual. On 05/09/2008 we received bills back stating our code were not valid for Texas. We updated the codes to Texas guidelines and resent corrected claims. The corrected claims were sent and faxed several times until we got a denial for timely filing on 11/25/2008. I have included proof of filing twice to Texas Mutual, showing how many times and when these bills were sent. My appeal showing proof of timely filing was denied by Texas Mutual..."

Amount in Dispute: \$1,525.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The dates of service are 5/30/07 through 6/21/07. DWC Rule 133.307 states a request for Medical Fee Dispute Resolution must be submitted within one year from the disputed dates of service. One year from 5/30/07 is 5/30/08. However, the requestor had wrong information concerning who the carrier is and was not able to obtain a final response from Texas Mutual until 11/25/08. The requestor knew then on 11/25/08 that Texas Mutual had declined to issue payment. But the requestor did nothing between 11/25/08 until requesting dispute resolution with DWC MDR on 8/19/10. Given this and given that the requestor's reasons for its untimely request are not subject to the identified exclusions, Texas Mutual believes the requestor's request is now beyond DWC MDR's jurisdiction. For this reason no payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 East Highway 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 31, 2007 Through June 21, 2007	Physical Therapy	\$1,525.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

The division hereby notifies the parties that by filing for medical fee dispute resolution to the Texas Department of Insurance, Division of Workers' Compensation, medical fee dispute resolution program, the requestor seeks the administrative remedy outlined in 28 Texas Administrative Code §133.307. For that reason, this dispute is resolved pursuant to and under the jurisdiction of the Texas Workers' Compensation Act and applicable rules.

1. 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. ... A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dates of the service in dispute listed on the requestors Table of Disputed Services shows May 31, 2007 through June 21, 2007. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on August 19, 2010. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

_____	_____	March 4, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.